

## Community Care Licensing

# FACILITY EVALUATION REPORT

**Facility Number:** 415600869

**Report Date:** 12/18/2020

**Date Signed:** 12/22/2020 02:15:59 PM

**Document Has Been Signed on** 12/22/2020 02:15 PM - **It Cannot Be Edited**

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|--|---|
| STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY | CALIFORNIA DEPARTMENT OF SOCIAL SERVICES<br>COMMUNITY CARE LICENSING DIVISION<br>CCLD Regional Office, 851 TRAEGER AVE., SUITE 360<br>SAN BRUNO, CA 94066 |
| <b>FACILITY EVALUATION REPORT</b>                      |   |

|                |   |                         |                  |
|----------------|---|-------------------------|------------------|
| FACILITY NAME: | SILVERADO SENIOR LIVING - BELMONT HILLS | FACILITY NUMBER:        | 415600869        |
| ADMINISTRATOR: | JOAN D NEWMAN                           | FACILITY TYPE:          | 740              |
| ADDRESS:       | 1301 RALSTON AVE                        | TELEPHONE:              | (650) 654-9700   |
| CITY:          | BELMONT                                 | STATE: CA               | ZIP CODE: 94002  |
| CAPACITY:      | 112                                     | CENSUS: 89              | DATE: 12/18/2020 |
| TYPE OF VISIT: | Case Management - Other                 | UNANNOUNCED TIME BEGAN: | 03:56 PM         |
| MET WITH:      | Glynis Marcantel & Joan Newman          | TIME COMPLETED:         | 04:30 PM         |

| NARRATIVE |   |
|-----------|---|
| 1         | On December 18, 2020, Licensing Program Analyst (LPA) Shabana Buksh conducted an unannounced case management inspection. This monitoring inspection was conducted to ensure compliance with the compliance plan discussed with Licensee on 02/29/2020 during the Non - compliance meeting held at San Bruno Office. LPA was given a virtual tour of the facility by Director of Health Service, Glynis Marcantel. |
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| 6         |   |
| 7         | LPA discussed with Executive Director, Joan Newman regarding facility's protocol on elopement prevention, pressure injury prevention and fall prevention which includes appraisal and re-appraisals of residents, identifying and meeting residents' needs, plan of care, physical plant safety, residents personal rights, staff training and staff monitoring and medication monitoring plan.                   |
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| 12        | As per the compliance plan, this inspection will be conducted frequently. LPA sent the report to Administrator for review and signature.  |
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**NAME OF LICENSING PROGRAM MANAGER:** Brenda Chan

**NAME OF LICENSING PROGRAM ANALYST:** Shabana Buksh

**LICENSING PROGRAM ANALYST SIGNATURE:****DATE:** 12/18/2020

I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.

**FACILITY REPRESENTATIVE SIGNATURE:****DATE:** 12/18/2020

**This report must be available at Child Care and Group Home facilities for public review for 3 years.**